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ABSTRACT

The annual medical progress report covers migrant health services in San Patricio County, Texas, from February 1, 1973 to January 31, 197 . The report discusses: staff, administration, cardiology, dental services, health services, medical services, outreach and environmental health services, prescription services, registration and identification, newspaper articles, and project statistics. The objective of the migrant health program was to increase the availability and access of high quality, family-centered care services to migrant workers and their families. To date, this has been accomplished through the Coastal Bend Migrant Council, which emerged to sponsor the health program so that the migrant workers and their families might receive the needed health care. Participation of the San Patricio County Medical Association was also accomplished. This was done by registering the patients, identifying these patients with a card and giving them a choice of physicians. Forms, such as physician acceptance form, family registration form, and patient acceptance form, are also included. (NF)

ED 088639

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ANNUAL PROGRESS REPORT

OF

THE COASTAL BEND MIGRANT COUNCIL

HEALTH PROJECT

AN PATRICIO MIGRANT HEALTH CENTER

300 WEST DR. LOGAN

MATHIS, TEXAS 78363

06-H-000,326-01-0

1973 - 1974

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Sponsored by:

THE COASTAL BEND MIGRANT COUNCIL

In Cooperation with:

U. S. Public Health Service

Migrant Health Branch (NEW)

K002224

COASTAL BEND MIGRANT COUNCIL

HEALTH PROJECT

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Father Freeman, Director	
Catholic Charities, Inc.	

SAN PATRICIO COUNTY MIGRANT HEALTH PROJECT

ANNUAL PROGRESS REPORT

This report covers a period from February 1, 1973 to January 31, 1974.

Great achievements have been accomplished this program year that had never been attempted before or had never before been possible.

The objective of our program has been achieved-increase the availability and access of high quality, family-centered health care services to migrant workers and ther families.

Continuation of the present project was possible with th support of the migrants and seasonal farmworkers, who fo a long time had dreamed of directing the migrant health ro-gram. After our sponsored decided to abandon our progra and proceed with a different health program, the migrant workers realized the necessity for the continuation of th migrant health program, which had been in operation for he past three years. The Coastal Bend Migrant Council emerged to sponsor the health program in order that the migrant orkers and their families receive the much needed health care. The abandoning of the Migrant Health Program by our sponsors was a tragic error, as they did not realize the importanance

or the health care being delivered to the people of San Patricio County.

Participation of the San Patricio County Medical Association was also accomplished. This was done by registering the patients, identifying these patients with a card and giving them a choice of physician.

In order to resolve some of the problems, physicians were also given a choice of patients. The assigning of patients, at one time was too great and patients were rejected from being seen at their private office. The patients rejected were again given another choice and again the physician was asked if he wanted to deliver the health care to the family who had chosen him as their physician.

A preference of physician was given, as we expected that the registered patients would choose their family physician. The family physician would be most logical choice, as the physician would be the one who would be more knowledgeable about the patient's medical history. In asking the patients for a physician, we at the project did in no way wish to take and patients away from or add any load to the individual private physicians who wished to participate.

Increase in patient load has been seen at the San Patricio Migrant Health Center. Patient load, in comparision with the same month for the previous years, show that there has been

steadily increasing by two, three and four times. In order to alleviate the patient load at the San Patricio Migrant Health Center and still deliver quality health care, additional professional personnel were asked to participate. The objective is to deliver preventative health care to the young people and try to maintain a level of health care so that the recipients would have fewer problems than do their parents. Preventative Health Care for the young and the middle age participants is our goal.

Scope of Project:

Facilities-The San Patricio Clinic is a thirty (30) facility that includes a spacious waiting room providing seating for thirty (30) patients, a receptionist room, an administrator's office, four (4) primary examination rooms, a bookkeeper's office, a pulmonary function room, a laboratory, an x-ray room, minor surgery, social worker's office, physiotherapy rooms, dental treatment room, delivery room and labor rooms with six (6) beds. Enclosed floor plan shows detailed room space.

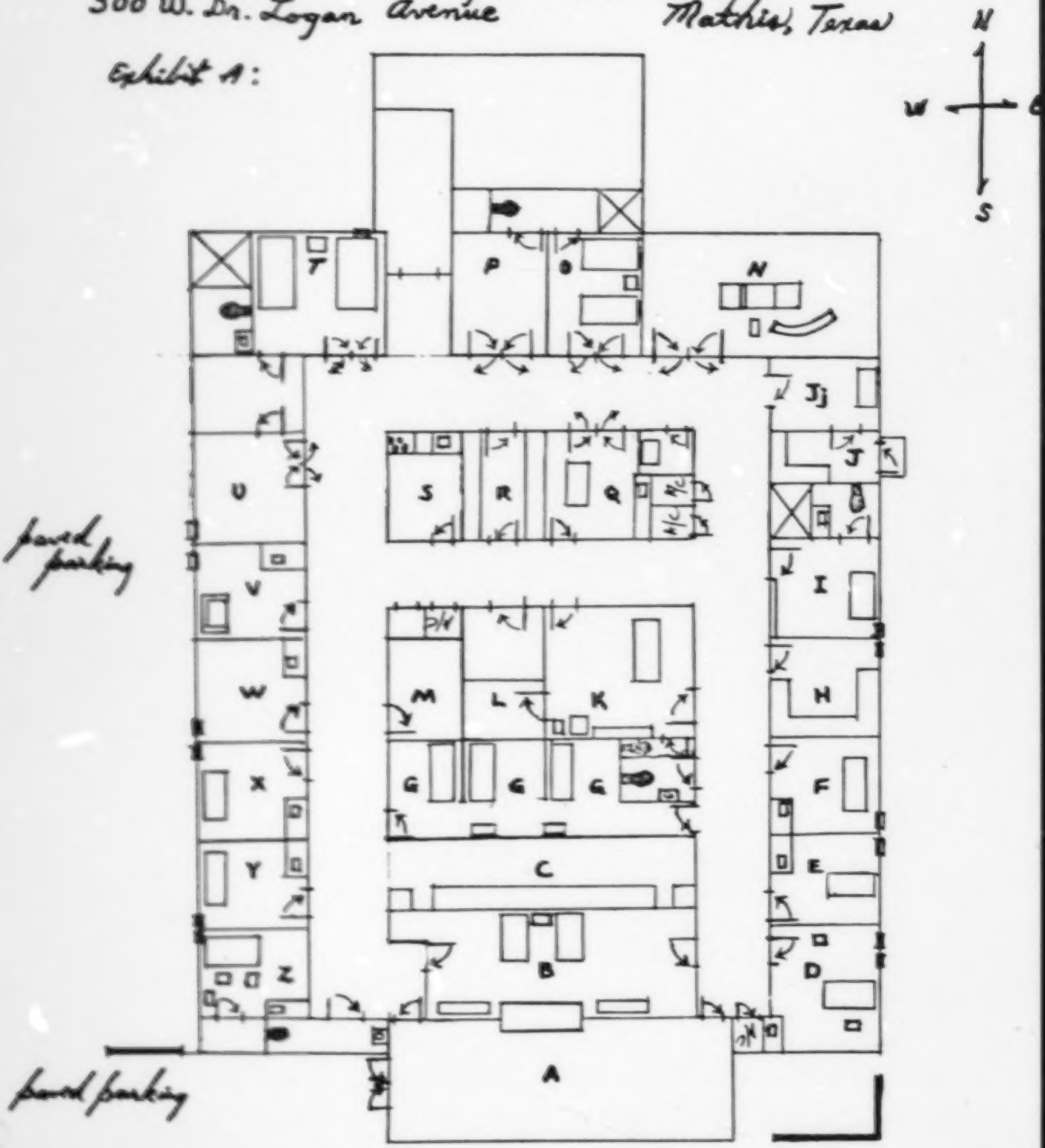
Purpose-To provide comprehensive family health care to migrant and seasonal farm workers. Our project is unique in that care to the migrant patients is incorporated into a private practice availing the migrant of all services available to private patients.

Referrels-Patients are referred to any of the following agencies: Driscoll Children's Foundation Hospital, John Sealy Hospital, Texas State Blind Commission, Crippled Children's Foundation Hospital, San Antonio State Hospital, San Patricio County Health Department and State Welfare Office.

The San Patricio Migrant Health Project

300 W. Dr. Logan Avenue Mathis, Texas

Exhibit A:



(FOR A LEGEND REFER TO FOLLOWING PAGE)

THE FLOOR PLAN

A. Patient Waiting Area

B. Reception Room

C. Nurse's Station

D. Administrator's Office

E. Exam Room I

F. Exam Room II

G. Physio Therapy Rooms

H. Laboratory

I. Project Director's Office

J. Sterilizing Room

Jj. Surgical Scrub Room

K. Radiology

L. Dark-room

M. Out-reach and Social Worker's Office

N. Delivery Room

O. Labor Room

P. Dental Suite

Q. Surgery Room

R. Supply Room

S. Kitchen

T. Labor Room

U. Storage

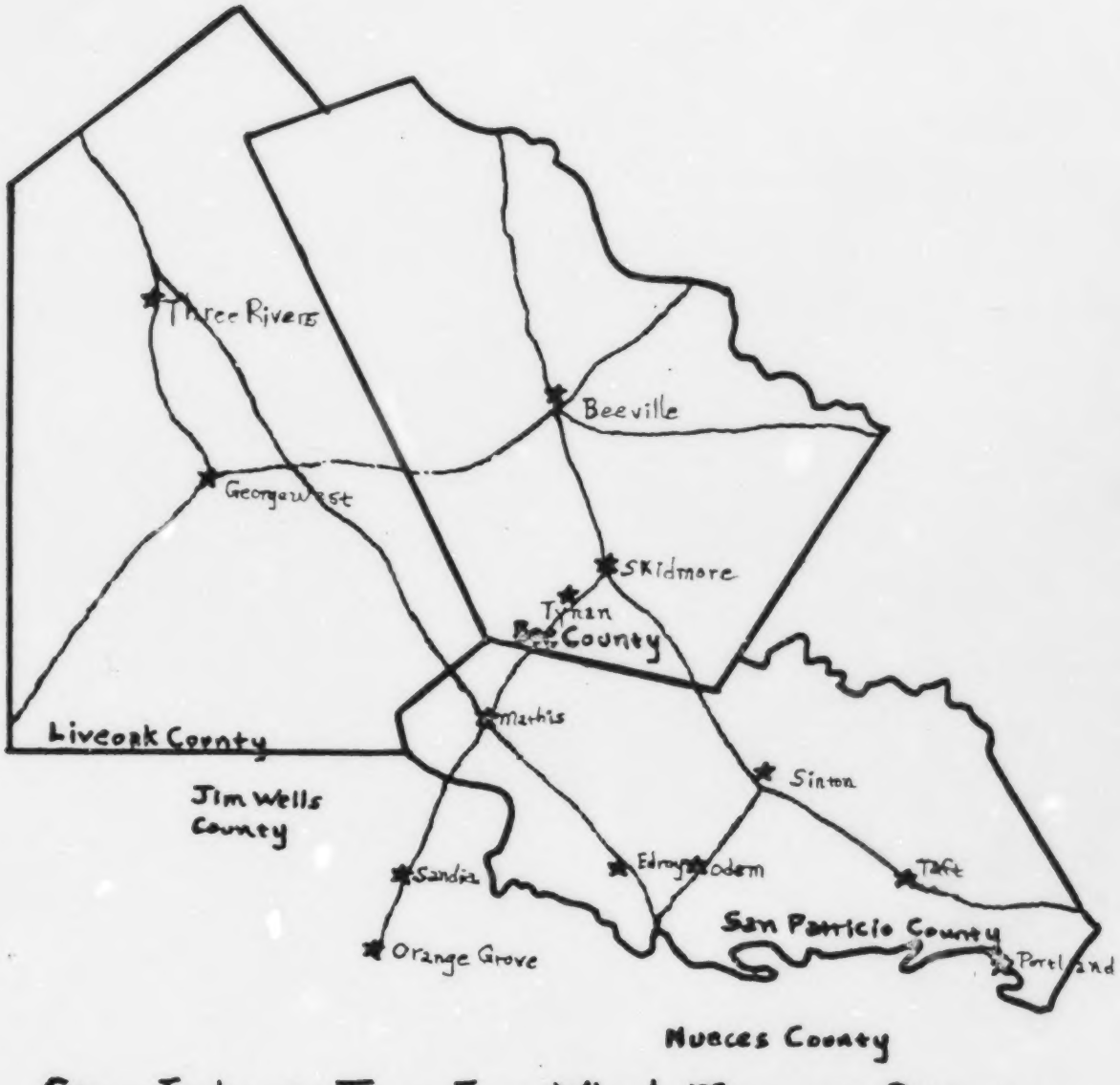
V. Radiology Reading Room

W. Pulmonary Treatment Room

X. Exam Room III

Y. Exam Room IV

Z. Bookkeeper's Office



Stars Indicate Towns From Which Migrant Patients Have Come For Medical Care At San Patricio Migrant Health Project

Cardiology:

The Children's Heart Program of South Texas is a model program for the delivery of health care. The program is a multidisciplinary approach to the solution of the health care problems of the South Texas area, which includes nine counties. Diseases in infants and children is a significant problem in South Texas. Statistics show that eight of every ten baby born in the area have heart disease. If proper medical care is not provided, as many as a third of these children will die before the first year of life. The initial problems is to screen the South Texas region for children who have major illness that can be treated by the sub-specialist of the program, if the illness is detected in time.

Personnel in the program consist of physicians, Pediative nurse Proctitioners(P.N.P.) Pediatric Cardiology Associates, biomedical engineer technicians, anthropologist and psychologist. Currently, the Children's Heart Program is established at Driscoll Foundation Children's Hospital in Corpus Christi and currently serves thirteen clinics in the South Texas area. These being in the counties of: Willacy, Cameron, Hidalgo, Starr, Nueces, Webb, Jim Hogg, Victoria, and San Patricio Counties.

The Cardiology Team not only examines children for any heart disease but also in the areas of general pediatrics, reval problems, pulmonary problems, cardiology, and pschological

problems. These children, if a defect is found, are referred to the proper specialist.

Dental Services:

Dental services are provided at the San Patricio Migrant Health Center. Concentrating on young adults consisting mainly of restoration and preventative procedures with availability of emergency dental cases to adults. An expansion has been realized this program year and concentrated on those young adults who needed additional dental care.
In the adult patient, it is very difficult to do any dental work. Adults, of our migrant population, have relatively more dental problems and serious problems, that sometimes these problems can not be coped with. These particular cases are referred to dental specialists. The most basic problem facing the adult patient is periodental disease and the need for posthetic replacement of missing teeth.
The young adult, as noted by our experience in the dental department, has also increased its utilization of the dental department and with the expansion of services this year, more attention can be devoted for the patient's dental hygiene.

HEALTH SERVICES

Emphasis shall be on the delivery of quality health care consisting of services designated to meet migrant health needs and delivered in a manner that preserves human dignity while maximizing accessibility and continuity of care.

Various aspects of health care needs have been analyzed which have affected health care. Coordinated efforts have been attempted and integrated with health services currently provided in order that these specialized services be provided to eligible consumers. These services include, but not limited to:

1. Ambulatory patient diagnosis, treatment, and follow-up care for acute and chronic conditions;
2. Preventive, maternal, child healthc and family planning services integrated into the delivery of treatment services;
3. Emergency medical and dental care; and
4. Diagnostic, preventive, and basic restorative dental care".

The Migrant Health Program, in accordance with regulations, have arranged for the following:

1. Ambulance Services
2. Cardiology Services
3. Dental Services
4. Podiatry Services
5. Out-reach Services
6. Prescription Services

HEALTH SERVICES (con't.)

7. Optometry Services
8. General Pediatrics
9. Pulmonary Pediatrics
10. Renal Pediatrics
11. Transportation
12. Referrals

Medical Services:

The medical components are comprised of the Medical Director, Physician's assistant and nursing staff who are responsible for the delivery of quality health care.

One of the objectives in the medical department is to treat and examine all patients. Currently plans are being formulated to obtain a patient history in all patient charts. The availability of the patient's history in the chart is vital in obtaining prompt medical care and being aware of a slight change in the patient's condition. Being that the patients coming for health care have a variety of complicated health problems, it is very essential to be aware of any degree of variance of the patient's health.

The upgrading of the patient's health has been a problem. Follow-up of the patient has been progressively worse and with the increase in patient load, there seems to be no hope. Participation of the San Patricio County Medical Association has been realized with our program. Physicians examine and treat patients who have been assigned to them. This has in a way relieved us of particial patient load increase.

Out-reach and Enviornmental Health Services:

The duties of the outreach worker are broad and serves as a link between the medical staff and the people served within the Migrant Health Clinic. One of the outreach worker's initial and primary goals is to reach each and every family within the migrant and seasonal farm worker community. Registering and identifying every migrant family has been the outreach worker's responsibility. The outreach worker takes applications on every family that wishes to apply for migrant health services. He uses the Federal Register guidelines to determine the eligibility of an applicant.

To determine a family eligible for health services, the outreach worker has an extensive interview with the applicants. For an applicant to become eligible, he must answer questions such as what type of work he is presently doing; what his prior job was. Most important, has the family been engaged in agriculture related work and when was the last time he worked in the fields.Eligible applicants are classified as migrant farm workers or as seasonal farmworkers. To insure a sound determination on the eligibility of an applicant, he is then asked for proof of having been working on agriculture related jobs. Migrant farm workers are required to bring in proof of their having established a temporary homestead away

from their regular homes while on the harvest of, or preparation of the soil on agriculture products. Rent receipts, doctor bills, employer statements, and out of state migrant cards are all accepted as valid proof to be verified as eligible migrant farm workers.

Seasonal farmworkers are also required to verify themselves as eligible applicants. Seasonal farm workers stay in their regular homes and don't go out of state to do farm work. These people work on a seasonal basis and work as each crop in their area comes into season. Applicants classified as seasonal workers must prove who he has worked for on agriculture related jobs throughout the year. Generally the name of a trucker or contractor is given along with the U.S.D.A. identification number. Seasonal workers also usually have a patron where he works for all year doing farm work for an average of $42.00 per week.

The outreach worker's responsibility to know who the migrant or seasonal farm worker population is; therefore, the extensive interview is necessary to insure that the Migrant Health Program is being carried forward according to H.E.W. guidelines. In doing such a detailed interview the outreach worker knows where in the country a migrant family will be in any given month and what kind of work is doing. Such information is essential for the advance notices as to when an additional patient load is expected to arrive or leave.

The outreach worker also runs into families that don't qualify for migrant services. Generally these people never work in the agriculture industry or belong with other agencies. Although these people are not eligible for services, they are referred to other agencies such as Welfare, Social Security, State Blind Commission, Texas Rehabilitation and other agencies in the State depending upon the need. The outreach worker works closely with the doctors and with patients needing referalls to other agencies. The outreach worker makes appointments for potential applicants with other agencies such as Welfare, Social Security,etc. On of the most important tasks the outreach worker has had in trying to obtain hospitalization for migrart people needing surgery. The outreach worker tries the County for help for this people but has not been very effective, as San Patricio County officials have repeatly failed to help their indigent population. Texas Rehabilition has shown some interest in trying to obtain surgical relief on referallys made to that agency. As the patient load rises it is becoming apparent that hospitalization relief is greatly needed. The outreach worker works with the community and assists everyone. Elderly people are often referred to Social Security and some families to the Welfare office. The most important task for the outreach workers is to register and identify every family. Upon completion of the interview a family will be advised by mail as to their eligibility. An identification card is then made bearing the family name,

doctor of preference, and family identification number.

The outreach worker, among his assigned duties, takes time to discuss problems a family may be encountering. The outreach worker has gained the confidence of the migrant population. Even drug users come in to discuss their problems. Many have brought out health conditions that are often missed by a doctor as the migrant patient is often short of words with a professional counselor.

The outreach worker is diligently striving to provide services and most important, communicating with people harvesting tomorrow's food supply.

Prescription Services

Almost all pharmacies have working agreements to fill those prescription which our consumers present to the pharmacy. This is an expansion from the previous year.
There has been a marked increase in prescriptions due to participation of the San Patricio County Medical Association and the pharmacies throughout the county.

Registration and Identification:

Intensified registration was initiated this program year. Every consumer was reguired to register with the migrant health program. In registering the consumers, valuable information was verified that was previously known and other vauluable data collected. The registering was also geared towards giving the individual patient a "choice of physician". In the registering of consumers, it was found that the income level was less than $3000 annually; there were more migrants than seasonal farmworkers; the seasonal farmworker's income is approximately $40.00 per week; families were dependent on their children to work for extra income; family was, on the average approximately 5.5 members per family-some familes are as large as sixteen members; the young applicant who is the head of household is very dependent in working in the fields as no jobs are available locally; and the education level of our consumers-with a few exceptions-are generally low. Eligibility requirements are in accordance with the Federal Register and consumers are classified as migrants or seasonal farmworkers.

At the project, we wanted to identify the consumer in such a way that we know who they were, where they came from, what their classification was, how large a family was, the family's case numbers, the family physician chosen; and the family's classification.

Only after an application is submitted and processed at the San Patricio Migrant Health Center-where all the records of cards and applications are kept-is a card issued to those who are eligible to participate. Those found ineligible are notified by mail.

In order to know by the card, several identifications codes were developed. The alphabetical letter signifies the city where the consumer reside, the case number given by the project, the number of members in the family, and the physician chosen by the eligible consumer.

Cards were color-coded to identify the patient by classification and where they came from. An orange card signifies that the patients are migrants and eligible for both out-patient and in-patient services. Seasonal farmworker are identified by a white card if they are from the homebase area-Mathis,Texas-and beige card if from out of the Mathis,Texas area.

After a physician was selected by the family, the Project Director then went to the individual physician to see if the physician elected wanted to see the patient.

If there was acceptance from both the patient and physician, an identification card was sent.

The registration and identification has been sucessful. It was originally thought that with the available staff registration could be handled, but additional volunteers were recruited and the registration placed a heavy burden on our personnel.

IDENTIFICATION EXPLANATION

In order to identify permanently eligible participants, the following code is used: Alphabetical letter denotes city in which participant resides; the set of numbers identify the participant's case number of the family. The case numbers shall start with number one-thousand (1000), the last digit identifies the number of individuals in the family.

Example:

Head of Household's Last name, first name.
Address:
City:
Phone Number:

Date Issued_____

A - 1000 - 3

(City) (Family Case #) Number in Family)

This Card Expires_____

COASTAL BEND MIGRANT COUNCIL
MIGRANT HEALTH PROJECT

Certificate Holder
Marez,Arturo
200 S. Eighth
Mathis,Tex.

Effective Date
11/16/73
Dr. Krebethe

I. D. No. A-019667-04 Expires 6/30/74

FOR ABOVE DOCTOR ONLY

Arturo	01
Ostolia	02
Melisa	03
Melinda	04

ELIGIBILITY

Every family and individual will be given the opportunity for participation, if they are eligible under program definitions. Any family or individual may request registration forms from the project. These requests for information and applications should be directed to : Project Director, 300 West Doctor Logan Avenue, Mathis, Texas 78368. A decision on application will be made within fifteen (15) days by the Project Director, after an opportunity for review has been provided. All decisions will be made in accordance with the regulations, guidelines and administrative policies of the Migrant Health Project. All registrants must have a social security number. This number can be obtained by applying at any United States Post Office. No eligibility card shall be issued without a social security number, but may participate temporarily, not to exceed ninty (90) days.

Any family or individual who feels that he has not received a fair decision on his case may appeal for a redetermination of eligibility.

DEFINITIONS *

1. "Domestic Agricultural Migratory Worker" means an individual residing in a State whose principal occupation is in agriculture on a seasonal basis, who establishes for the purpose of such employment a temporary place of abode and who has been so employed within the last 24 months.
2. "Seasonal Agricultural Worker" means an individual residing in a State whose principal occupation is in agriculture on a seasonal basis, who has been so employed within the last 24 months and who has not established a temporary place of abode.
3. "Agriculture" means farming in all its branches including but not limited to cultivation and tillage of the soil, the production, cultivation, growing, and harvesting of any commodity grown on, in or as an adjunct to or part of an item grown in or on the land including any practices performed by a farmer or on a farm as an incident to or in conjunction with such farming operations, including preparation for market, delivery to storage or to market or to carriers for transportation to market.

*This information was taken from the Federal Register, Vol. 37, No. 102.

PHYSICIAN ACCEPTANCE FORM

_____ _____
Patient's name Identification Number

_____
Address

_____, _____ _____
City State Zip Code

As a licensed physician in the State of Texas, I _____
Physician

do hereby accept the above named patient.

San Pittura Migrant Health Center

[illegible]

FAMILY REGISTRATION FORM

FAMILY IDENTIFICATION NUMBER: [illegible]

page 1 of 2

REGISTRATION DATE: [illegible]
(Month-Day-Year)

1. NAME OF HEAD OF FAMILY: [illegible]

2. DATE OF BIRTH OF HEAD OF FAMILY: [illegible]

3. SEX OF HEAD OF FAMILY: 1 = Male 2 = Female [illegible]

4. PRESENT ADDRESS: [illegible] PHONE: [illegible]

PERMANENT ADDRESS: [illegible] PHONE: [illegible]

LENGTH OF RESIDENCE AT PRESENT ADDRESS: [illegible]

LENGTH OF RESIDENCE IN [illegible]: [illegible]

5. NUMBER OF ROOMS IN HOME: [illegible]

Rent by number of rooms. Use 0 for owner or free rent.

6. HOUSE TRACT NUMBER: [illegible]

1 = Tract 1 2 = No 3 = No [illegible]

7. LIST ALL FAMILY MEMBERS (Including all but temporary visitors)
AND WRITE A NUMBER TO EACH MEMBER.

NAME, AGE, SEX	Relation to Head	Family member number	Field member number
1. Head		01	
2. Spouse		02	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

8. TOTAL NUMBER OF FAMILY MEMBERS: [illegible]

9. TOTAL NUMBER OF OTHER INDIVIDUALS IN HOUSEHOLD: [illegible]

INTERVIEW RESULTS: [illegible]

1 = Both 2 = Man 3 = Woman Only 4 = Not 5 = Other Reasons

Name and Address of Informant: [illegible]

Form No. 71-3

San Fidro Migrant Health Center
900 W. Dr. Lizana Ave.
Weslaco, Texas 78599
(956) 969-6969

FAMILY REGISTRATION FORM - page 2 of 2 FAMILY IDENTIFICATION NUMBER _____

15. SPECIAL REQUIREMENTS: 1 = Yes 0 = No

Please indicate family size of family member _____ ? →

Area code(s) →

16. PRIMARY SEASONAL SOURCE: →

0 = Self
1 = Relative, friend
2 = Crew leader (with Program Staff)
3 = Crew leader (with Agency)*
4 = Local farmer or farm agency
5 = Private U.S. employer
6 = School
7 = Seasonal
8 = Other (specify): _____

17. FAMILY INCOME CODE: →

18. FAMILY RECEIVING WELFARE/SSI PAYMENTS: 1 = Yes 0 = No →

19. CERTIFICATION:

I certify that the above information is correct to the best of my knowledge.

_____
Signature of Head of Family

20. REMARKS TO DENOTE ANY INCONSISTENCIES OR REGISTRANTS:

Family Member	Signature of Head of Family	Date
1.		
2.		
3.		
4.		
5.		

21. TOTAL NUMBER OF FAMILY TYPE VISITS: →

I certify that I am a migrant and/or a seasonal farmworker according to the definition as stated in the Federal Register Vol. 37, No. 102 Title 42, Chapter 1, Part 56.

_____
Signature

Form 6-75-B

PATIENT ACCEPTANCE FORM

As a participant under the Migrant Health Program, I _____ (Name),
of _____ (Address),
_____ (City), _____ (State) _____ (Zip Code),
identification number _____, wish to have as
my physician:

_____ (Physician)

_____ (Address)

_____ (City), _____ (State) _____ (Zip Code)

REQUEST FOR RELEASE OF MEDICAL RECORDS

To: _____

_____
Address

_____ _____ _____
City State Zip Code

From: _____

_____
Address

_____ _____ _____
City State Zip Code

I hereby authorize release of my medical records to the above named physician.

I hereby release the Migrant Health Program and physician (s) from all legal responsibility and liability for any consequence if the act I authorized above.

_____ _____
Patient's Signature Date

_____
Parent's Signature

06-16-000-326-01-0

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

DATE SUBMITTED: March 27, 1974

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT PUBLIC HEALTH CLINICS, PHYSICIANS' OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL				
UNDER 1 YEAR				
1 - 4 YEARS				
5 - 14 YEARS				
15 - 44 YEARS				
45 AND OLDER				

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN PUBLIC HEALTH SERVICE CLINICS? 100%

(2) SERVED IN PHYSICIANS' OFFICES, OR FOR SERVICES WHERE MORE THAN ONE SERVICE WAS RENDERED (INCLUDE HOSPITALS)? None

3. MIGRANTS HOSPITALIZED

(Regardless of arrangements for payment)

No. of Persons (exclude readmissions) _____

No. of Hospital Days _____

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED - TOTAL	1500	1323	177
(1) NO. DECAYED, MISSING, FILLED TEETH			
(2) AVERAGE DMF PER PERSON	2.3		
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	661	584	77
(1) CASES COMPLETED			
(2) CASES PARTIALLY COMPLETED	661	584	77
(3) CASES NOT STARTED			
c. SERVICES PROVIDED - TOTAL			
(1) PROPHYLAXIS			
(2) FILLINGS - TOTAL			
(a) Extraction			
(b) Other			
d. PATIENT VISITS - TOTAL	1500	1323	177

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					NO. COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL - ALL TYPES							
SMALLPOX							
DIPHTHERIA							
PERTUSSIS							
TETANUS							
POLIO							
TYPHOID							
MEASLES							
OTHER (Specify)							

REMARKS

Immunizations are provided through the San Patricio County Health Department. All patients who require immunizations are sent to the Health Department.

PART III (Continued) - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES

GRANT NUM: 06-H-000,326-01-0

ICD CLASS	NHI CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
EMBL		TOTAL ALL CONDITIONS	11,235	8803	2432
I.	01-	INFECTIVE AND PARASITIC DISEASES TOTAL	817	686	131
	010	TUBERCULOSIS	8	8	0
	011	SYPHILIS	1	1	0
	012	GONORRHEA AND OTHER VENEREAL DISEASES	1	1	0
	013	INTESTINAL PARASITES	491	389	92
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	17	15	2
	015	All other	2	2	0
	016	"CHILDHOOD DISEASES" - mumps, measles, chickenpox	69	56	13
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	161	146	15
	018	OTHER INFECTIVE DISEASES (Give examples): Infected feet warts	77	68	9
II.	02-	NEOPLASMS TOTAL			
	020	MALIGNANT NEOPLASMS (give examples):			
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES TOTAL	663	396	267
	030	DISEASES OF THYROID GLAND	29	21	8
	031	DIABETES MELLITUS	325	254	171
	032	DISEASES of Other Endocrine Glands	2	2	0
	033	NUTRITIONAL DEFICIENCY	31	29	2
	034	OBESITY	45	159	86
	039	OTHER CONDITIONS	31	31	0
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS TOTAL	299	156	143
	040	IRON DEFICIENCY ANEMIA	39	34	5
	049	OTHER CONDITIONS Anemia	260	122	138
V.	05-	MENTAL DISORDERS TOTAL	231	181	50
	050	PSYCHOSES			
	051	NEUROSES and Personality Disorders	223	173	50
	052	ALCOHOLISM			
	053	MENTAL RETARDATION			
	059	OTHER CONDITIONS	8	8	0
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS TOTAL	483	402	81
	060	PERIPHERAL NEURITIS	1	1	0
	061	EPILEPSY	20	15	5
	062	CONJUNCTIVITIS and other Eye Infections	101	95	6
	063	REFRACTIVE ERRORS of Vision	7	7	0
	064	OTITIS MEDIA	257	196	61
	069	OTHER CONDITIONS otitis externa	97	88	9

PART II - 5. (Continued)

GRANT NUMBER 06-H-000,326-01-0

ICD CLASS	NM CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	647	296	351
	070	RHEUMATIC FEVER	14	10	4
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	15	12	3
	072	CEREBROVASCULAR DISEASE (Stroke)	9	8	1
	073	OTHER DISEASES of the Heart	91	80	11
	074	HYPER[illegible]SION	460	142	318
	075	VARICOSE VEINS	8	4	4
	079	OTHER CONDITIONS Mycardial Ischemia/Insuffiency	50	40	10
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	2870	2404	466
	080	ACUTE NASOPHARYNGITIS (Common Cold)	101	95	6
	081	ACUTE PHARYNGITIS	200	186	14
	082	TONSILLITIS	394	294	100
	083	BRONCHITIS	297	263	34
	084	TRACHEITIS/LARYNGITIS	187	172	15
	085	INFLUENZA	179	155	24
	086	PNEUMONIA	16	16	0
	087	ASTHMA, HAY FEVER	39	24	15
	088	CHRONIC LUNG DISEASE (Emphysema)	20	14	6
	089	OTHER CONDITIONS	1437	1185	252
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	936	696	240
	090	CARIES and Other Dental Problems	590	427	163
	091	PEPTIC ULCER	21	16	5
	092	APPENDICITIS	15	12	3
	093	HERNIA	25	23	2
	094	CHOLECYSTIC DISEASE	41	30	11
	099	OTHER CONDITIONS	244	188	56
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	1086	724	362
	100	URINARY TRACT INFECTION (Pielonephritis, Cystitis)	499	360	139
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)			
	102	OTHER DISEASES of Male Genital Organs	15	12	3
	103	DISORDERS of Menstruation	63	53	10
	104	MENOPAUSAL SYMPTOMS	385	184	201
	105	OTHER DISEASES of Female Genital Organs	41	40	1
	109	OTHER CONDITIONS Harmonal Insufficency	83	75	8
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	19	13	6
	110	INFECTIONS of Genitourinary Tract during Pregnancy			
	111	TOXEMIAS of Pregnancy			
	112	SPONTANEOUS ABORTION	4	3	1
	113	REFERRED FOR DELIVERY	1	1	0
	114	COMPLICATIONS of the Puerperium	1	1	0
	119	OTHER CONDITIONS	15	10	5
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	551	472	79
	120	SOFT TISSUE ABSCESS OR CELLULITIS	165	119	46
	121	IMPETIGO OR OTHER PYODERMA	204	183	21
	122	SEBORRHEIC DERMATITIS	29	29	0
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	93	88	5
	124	ACNE	15	12	3
	129	OTHER CONDITIONS	45	41	4

PART II - 5. (Continued)

GRANT NUMBER: 06-H-000,326-01-0

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE TOTAL	357	274	83
	130	RHEUMATOID ARTHRITIS	47	41	6
	131	OSTEOARTHRITIS	13	11	2
	132	ARTHRITIS, Unspecified	158	110	48
	139	OTHER CONDITIONS	139	112	27
XIV.	14-	CONGENITAL ANOMALIES TOTAL	16	15	1
	140	CONGENITAL ANOMALIES of Circulatory System	16	15	1
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY TOTAL	2	2	0
	150	BIRTH INJURY			
	151	IMMATURITY			
	159	OTHER CONDITIONS	2	2	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS TOTAL	219	166	53
	160	SYMPTOMS OF SENILITY			
	161	BACKACHE	19	15	4
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	14	12	2
	163	HEADACHE	87	85	2
	169	OTHER CONDITIONS Podiatry	99	54	45
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE TOTAL	548	423	125
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	299	217	82
	171	BURNS	30	24	6
	172	FRACTURES	63	41	22
	173	SPRAINS, STRAINS, DISLOCATIONS	110	96	14
	174	POISON INGESTION	5	5	0
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	41	40	1

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS TOTAL	1507
	200	FAMILY PLANNING SERVICES	194
	201	WELL CHILD CARE	7
	202	PRENATAL CARE	172
	203	POSTPARTUM CARE	15
	204	TUBERCULOSIS Follow-up of inactive case	5
	205	MEDICAL AND SURGICAL AFTERCARE	13
	206	GENERAL PHYSICAL EXAMINATION	187
	207	PAPANICOLAOU SMEARS	23
	208	TUBERCULIN TESTING	20
	209	SEROLOGY SCREENING	27
	210	VISION SCREENING	3
	211	AUDITORY SCREENING Optometrist	147
	212	SCREENING CHEST X-RAYS	61
	213	GENERAL HEALTH COUNSELLING	90
	219	OTHER SERVICES TEC	100
		(Specify) Hospital, Galveston, D.F.C.H.	31
		County & State Welfare	168
		Misc. Physicians	158
		Misc.	76

SAN PATRICIO CLINIC

MIGRANT HEALTH PROJECT

Acknowledges cooporation from the following agencies:

Catholic Charities, Inc.
Father Freeman, Representative
Corpus Christi, Texas

Corpus Christi Economic Development Cooperation
Mr. Roberto Amaya, Representative
Corpus Christi,Texas

Coastal Bend Migrant Council
Carlos Herrera, Exec. Director
Corpus Christi, Texas

County Welfare Department
San Patricio County Courthouse
Mrs. Elena Brittian, Representative
Sinton, Texas

Driscoll Foundation Hospital
Dr. James Simpson
Corpus Christi, Texas

Farmer's Home Administration County Office
Mr. Conrad, Representative
Corpus Christi, Texas

John Sealy Hospital
Galveston, Texas

Robstown Riverside Hospital
Clyde Dodd, Administrator
Robwtown, Texas

Mathis Rescue Team
Bill Grigsby, Director
Annie Escochea, Secretary
Mathis, Texas

Mathis Indenpendant School District
Mr. Olan McCraw, Jr., Superintendent
Mathis, Texas

Minority Ministries Council
Mennonite Board Of Missions
Mr. Lupe De Leon, Jr.
Associate Exec. Secretary
Mathis, Texas

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Sister Gloria and Sister Milagros
Mount Thabor
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Bishop of the Dioceses of Corpus Christi,
Corpus Christi,Texas

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Mathis, Texas

San Patricio County M.H. & M.R. Unit
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Sinton,Texas

Social Security Office
Mr. Tom Wilson, Representative
Corpus Christi,Texas

State Commission for the Blind
Mr. Gene Lightfoot, Representative
Corpus Christi,Texas

State Department of Public Welfare
Mathis, Texas

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